

COMBINED DECLARATION AND POWER OF ATTORNEY
AUTHORIZATION OF AGENT

ATTORNEY DOCKET NO.

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention

entitled *METHOD OF CALIBRATION OF MAGNIFICATION OF OPTICAL DEVICES*

the specification of which

(Check one) ☒ is attached hereto.
☐ was filed on _____ as

Application Serial No. _____ and

was amended on _____
(If applicable)

was amended through _____
(If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty of disclosure all information which is known to me to be material to the patentability in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Claimed

_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States

application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty of the disclose material information as defined in Title 35, Code of Federal Regulations, § 1.56 (a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>(Application Serial No.)</u>	<u>(Filing Date)</u>	<u>(Status)</u> (Patented, pending, abandoned)
<u>(Application Serial No.)</u>	<u>(Filing Date)</u>	<u>(Status)</u> (Patented, pending, abandoned)
<u>(Application Serial No.)</u>	<u>(Filing Date)</u>	<u>(Status)</u> (Patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that those statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

The undersigned hereby authorizes Ilya Zborovsky to accept and follow instructions from

Tim Goldburst

as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between Ilya Zborovsky and the undersigned. In the event of a change in the persons from whom instructions may be taken, Ilya Zborovsky be so notified by the undersigned.

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the patent and Trademark Office connected therewith.

POWER OF ATTORNEY: ILYA ZBOROVSKY Reg. No. 28,563



AUTHORIZATION OF AGENT

6 Schoolhouse Way, Dix Hills, N.Y. 11746

Address all telephone calls to Ilya Zborovsky

Telephone no. (516) 243-3816

Address all correspondence to Ilya Zborovsky
6 Schoolhouse Way, Dix Hills, N.Y. 11746

FULL NAME OF SOLE OR FIRST INVENTOR	INVENTOR'S SIGNATURE	DATE
Albert SICIGNANO		10/23/00
RESIDENCE	CITIZENSHIP	
20 Birch Dr Mt. Kisco, NY 10549	USA	
FULL NAME OF SECOND INVENTOR	INVENTOR'S SIGNATURE	DATE
Tim GOLDBURT		10/23/2000
RESIDENCE	CITIZENSHIP	
55 Campfire Rd, Chappaqua, N.Y. 10514 US	USA	

[illegible]

FULL NAME OF SOLE OR FIRST INVENTOR Albert SICIGNANO	INVENTOR'S SIGNATURE <i>Albert Sicignano</i>	DATE 10/22/00
RESIDENCE 20 Birch Dr Mt. Kisco, NY 10549	CITIZENSHIP USA	
FULL NAME OF SECOND INVENTOR Tim GOLDBURT	INVENTOR'S SIGNATURE <i>Tim Goldburt</i>	DATE 10/23/00
RESIDENCE 55 Campfire Rd, Chappaqua, N.Y. 10514 US	CITIZENSHIP USA	